



Reception Screening for Assaultive and Sexually Aggressive Behavior and Risk for Sexual Victimization

Juvenile Name: _____ K#: _____ DOB: _____ Gender: _____

Facility: _____ Unit: _____ DOA: _____ MRD: _____

MAYSI-2 date/time: _____

Completed by: _____

Elevation on AI Scale?
(Angry-Irritable)

Assesses feelings of preoccupying anger and vengefulness and a tendency towards irritability, frustration, and tension related to anger

☐ Yes:

☐ No:

Elevation on TE Scale?
(Traumatic Experience)

Identifies whether a juvenile has had greater exposure to traumatic events compared to other juveniles.

☐ Yes:

☐ No:

Clinical Interview
date/time: _____

Completed
by: _____

Have the Offense History & juvenile file been screened?

☐ Yes:

☐ No:

Assaultive/Violent Behavior: (CAPFA Aggression Domain – Question #2)

- ☐ No reports of violent behaviors
- ☐ Adjudicated for violent offense
- ☐ Reports/Arrests for violent behavior – no adjudication
- ☐ Bullying/Physical intimidation of others
- ☐ Threatening/harassing people
- ☐ Violent and willful destruction of property
- ☐ Displaying a weapon
- ☐ Fire setting
- ☐ Animal cruelty

Comments: _____

Prior Charged Sexual Offense(s): (CAPFA Sex Offender Domain – Question #2)

- ☐ None
- ☐ One offense
- ☐ More than one offense

Comments: _____

Sexual Abuse: (CAPFA Sex Offender Domain – Question #1)

- ☐ No reports of sexual abuse
- ☐ Reports of sexual abuse. There is no evidence of any sexual penetration or excessive force/physical injury of juvenile
- ☐ The juvenile was a victim of sexual abuse. There is evidence of sexual penetration or excessive force/physical injury.

Comments: _____



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Interpretation of information indicates that juvenile is at risk to be:

- ☐ Physically Assaultive
- ☐ Physically Victimized
- ☐ Sexually Aggressive
- ☐ Sexually Victimized

Comments:

The following accommodations are recommended for initial placement in Reception, Assessment, and Classification Unit housing:

☐ N/A

Follow-up Clinical
Appointment date/time: _____ With: _____

QMHP Signature

Title:

Date:

Psychologist's Name

Signature:

Date: